SOCIAL SERVICE CONTRACT RENEWAL PROCESS

City of Albuquerque Department of Family and Community Services Program Narrative Form

Name of Agency:	
Name of Program:	Contract Amount:
Current contractual numbers to be served.	annually:
Year to date numbers actually served	as of
• Current contractual outcome goals:	(date)
0	
0	
0	
0	
Year to date actual contractual goals achi	eved as of: (date)
0	
0	
0	
0	
☐ No changes to program as described in Year Year 02 changes). No narrative required.	01 contract's scope of services (or to approved
Proposed changes to project. Any proposed FY11 contract must be justified in the written na before the execution of the FY12 contract. The value double-spaced, typewritten, on 8 1/2" x 11", sing attachments including letters of endorsement, agreepied onto 8 1/2 x 11 paper. To expedite handli Please paginate and collate. The project reapplied	rrative and approved by the City of Albuquerque written narrative should not exceed three (3) de-sided pages. Appendices or non-required ency brochures, or news clips may be included if ng, please do not use covers, binders, or tabs.

1. Rationale for Changing Project

The applicant should (1) describe why the change is needed and (2) how the change will benefit the program. Updated Project should clearly be related to the original RFP and should improve the delivery of services.

2. Project Goals

The applicant should state the updated goals of the project in measurable, concrete terms. Project goals should be described in terms of anticipated outcomes (e.g. to place 20 low-income persons in permanent employment positions) rather than in terms of process measures (e.g. to provide 20 hours of pre-employment counseling). Updated project goals should clearly be related to the original RFP.

3. Project Methods

The applicant should describe specific plans for conducting the project as changed, including: (1) the characteristics of the project product(s), activity or result; (2) the major subtask, subdivisions or subactivities to be performed in order to complete the project; (3) the specific and measurable objectives for each task; (4) the time frame in which the activities are to be accomplished; and (5) the personnel (by position) who will complete the tasks, including the specific responsibilities and levels of experience/training required. Project methods that are critical to the achievement of the Project Goals should also be included in the Work Plan Summary (APP #7) of the application.

4. Plan for Monitoring and Evaluation

The applicant should: (1) describe a specific plan through which the agency will monitor staff performance in attaining the objectives of each task or activity in a timely manner; and (2) outline an evaluation plan which will be used to measure the impact of these activities in relationship to project goals.

REQUIRED ATTACHMENTS

- □ Program Narrative Form
- □ Renewal Narrative if applicable (maximum 3 pages)
- ☐ Insurance Certificate
- □ Department of Family and Community Services Forms
 - o Proposal Summary and Certifications page (APP #1) completed and signed by an authorized board official.
 - o Representations and Certifications (APP #8)
 - o Work Program Summary (APP #7)
 - o Attachments on File (APP #9) with applicable documents
 - o Drug Free Workplace Requirement Certification Form (APP #10)
 - o Debarment, Suspension, Ineligibility and Exclusion Certification (APP #11)
 - o Certification of Receipt of Administrative Requirements (APP #12)
 - o Disclosure of Lobbying Activity (APP #13)
- Budget Forms
 - o Expense Summary (APP #2)
 - o Revenue Summary (APP #3)
 - o Budget Detail: Personnel Costs (APP #4)
 - o Budget Detail: Operating Costs (APP #5)
 - o Projected Drawdown Schedule (APP #6)
 - o Signature Certification Form (FIN #1)
 - o If Fee for Service Contract, attach Fee for Service Calculations

ALL FORMS CAN BE FOUND AT http://www.cabq.gov/family/adm-requirements.html

INSURANCE COVERAGE INSTRUCTIONS

The Contractor shall procure and maintain at its expense until final payment by the City for Services covered by the Agreement, insurance in the kinds and amounts hereinafter provided with insurance companies authorized to do business in the State of New Mexico, covering all operations under this Agreement, whether performed by it or its agents. Before commencing the Services, the Contractor shall furnish to the City a certificate or certificates in form satisfactory to the city showing that it has compiled with this Section. All certificates of insurance shall provide that thirty (30) days written notice be given to Director, Risk Management Department, City of Albuquerque, PO Box 1293, Albuquerque, New Mexico 87103, before a policy is canceled, materially changed, or not renewed. Various types of required insurance may be written in one or more policies. Kinds and amounts of insurance are as follows:

<u>Comprehensive General Liability Insurance Including Automobile</u>: Comprehensive general liability and automobile insurance policy with liability for bodily injury, including death and property damage in any one occurrence.

<u>Professional Liability:</u> Professional liability shall be maintained for all staff providing substance abuse services in an amount not less than \$1,000,000 combined single limit of liability per occurrence with a general aggregate of \$1,000,000.

Said policies of insurance must include coverage for all operation performed for the City by the Contractor, coverage for the use of all owned, non-owned, hired automobiles, vehicles and other equipment both on and off work, and contractual liability coverage shall specifically insure the hold harmless provisions of this Agreement. The City shall be named an additional Insured.

<u>Worker's Compensation Insurance</u>: Workers' Compensation Insurance for its employees and contractors in accordance with the provisions of the Worker's Compensation Act of the State of New Mexico.

Please remember that we must have original certificates for all Comprehensive, General Liability, Auto and Property insurance and Workers' Compensation. Worker's Compensation coverage can be noted on the same certificate as other insurance, or on a separate form. If you are not required to carry Workers Compensation coverage, you will need to sign and return the waiver form enclosed in this packet. Please be sure to have your agent actually mail the certificates to the <u>Department of Family and Community Services</u>, Attention: Division of Health and Humans Services, PO Box 1293, 5th. Floor, Room 504, <u>Albuquerque</u>, New Mexico 87103 so that we may attach the certificates to the final contracts for processing. The Risk Manager shall be named the certificate holder.

For your reference please find enclosed, a sample certificate that is acceptable as to form. Please use this as a guide when submitting your form. Submission of insurance certificates properly prepared will expedite the processing of your contract.

Contractors funded through the Department must have current Certificates of Insurance on file with the City.

If you have any questions, please contact the Division of Health and Human Services at 505-768-2858.

CERTIFICATION OF WORKERS' COMPENSATION APPLICABILITY

I, than three employees and/or contractors and am therefore not subject to the prov. Compensation Act of the State of New Mexico. I further certify that should I en the term of my contract with the City, I will comply with the provisions of the N Act and provide proof of such compliance to the City of Albuquerque.	visions of the Workers' nploy three or more persons during
Date:	
Agency/Organization:	
Typed Name of Authorized Official of the Agency:	
Title:	
Signature:	Date:

WAIVER OF AUTOMOBILE INSURANCE REQUEST

I,	, hereby certify that neither I, nor
employees or contractors employed by this agency, use vectify that should I, or any employees or contractors empthan a commuting capacity, the agency will comply with requirements.	ployed by this agency, use vehicles in any manner other
Agency/Organization:	
Typed Name of Authorized Official of the Agency:	
Title:	
Signature:	Date:

City of Albuquerque Department of Family and Community Services APP #1: Proposal Summary and Certification Form - *Instructions*

Instructions for Completing the Proposal Summary and Certification Form

- 1. Enter the name of the organization submitting the application.
- 2. Enter the mailing address of the organization.
- 3. Enter the name and telephone number of a contact person from whom information about the proposal can be obtained.
- 4. Enter the name of the City program from which funding is being requested. The name of the program should be taken from the Request for Proposals.
- 5. Enter the number assigned to the RFP from the Request for Proposals.
- 6. Enter the priority number from the Request for Proposals if one is assigned to the area in which the applicant is seeking funds.
- 7. Enter the date the proposal is due to be received by the City of Albuquerque from the Request for Proposals.
- 8. Enter the title of the project for which the applicant is seeking funds and a brief narrative description of that project. The length of the narrative must be limited to the space available.
- 9. Enter the total amount of City funding requested in the proposal.

Enter the amount of matching funds to be provided by the applicant, if matching funds are requested in the Request for Proposal.

City of Albuquerque Department of Family and Community Services APP #1: Proposal Summary and Certification Form

1. Name of Applicant Organization:			
2. Mailing Address (City, State, and	Zip Code)	3. Name and telephone number of contact person	
City Program Name (from Request for Proposals):			
RFP Number:	Priority # (if applicable)	Due Date:	
Title of Applicant's Project and Brief Descriptive Summary:			
Amount of City Funding requested:	Matching Funds Amount (if requested):	Date Submitted:	
Certification: It is understood and agreed by the undersigned that: 1) Any funds awarded as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable Federal, state, and city regulations and restrictions; and 2) the undersigned hereby gives assurances that this proposal has been prepared according to the policies and procedures of the above named organization, obtained all necessary approvals by its governing body prior to submission, the material presented is factual and accurate to the best of her/his knowledge, and that she/he has been duly authorized by action of the governing body to bind the Corporation.			
a. Typed Name of Authorized Board Official:	b. Title	c. Telephone Number	
Signature of Authorized Board Offic	ial	d. Date signed:	

City of Albuquerque

Department of Family and Community Services APP #2: Expense Summary Form - *Instructions*

Instructions for Completing Expense Summary Form

Expenditure Category

Expenditures charged to Social Services category must conform to Administrative Requirements.

Personnel Costs

Salaries and Wages: Enter the amounts budgeted to pay salaries and wages for regular staff of the organization employed to carry out project-related activities.

Payroll and Benefits: Enter the amounts budgeted to pay payroll taxes, and employee benefits. Payroll taxes should include legally mandated payroll taxes for regular employees of the organization, including FICA and unemployment compensation. The amounts charged to the City must constitute an appropriate percentage of salaries and wages.

Total Personnel Costs: Enter the sum of salaries and wages, payroll taxes, and employee benefits.

Operating Costs

Contractual Services: Enter the amount budgeted to pay the costs of services provided to the project through contractual agreements with individuals and organizations who are no regular employees, with the exception of the costs for conducting annual or special audits.

Audit Costs: Enter the amount budgeted to pay the costs of conducting annual or special audits of the organization. The amount budgeted to the City shall not exceed the proportion that the City contract is of the total agency budget.

Consumable Supplies: Enter the amount budgeted to pay the costs of supplies and equipment utilized by the project which have a price which does not exceed \$5,000 per unit.

Telephone: Enter the amount budgeted to pay for the costs of project-related telephone services, including installation, local service, and long-distance tolls.

Postage and Shipping: Enter the amount budgeted for project-related postage and shipping.

Occupancy

Rent: Enter the amount budgeted for space lease/rental costs related to the project.

Utilities: Enter the amount budgeted for the cost of project related electrical services, heating and cooling, sewer, water, and other utilities charged not otherwise included in rental or other charges for space.

Other: Enter the amount budgeted for other project related occupancy costs including the costs of security, janitorial services, elevator services, upkeep of grounds, leasehold improvements not exceeding \$5,000, and related occupancy costs not otherwise included in rental or other charges for space.

Equipment Lease: Enter the amounts budgeted for the purchase or lease of equipment.

Equipment Maintenance: Enter the amount budgeted to maintain or repair existing agency equipment utilized in a funded project.

Printing and Publications: Enter the amount budgeted for the purchase and/or reproduction of project-related printed materials, including the cost of photo-reproduction.

Travel Costs

Local Travel: Enter the amount budgeted for the costs of project-related travel within Bernalillo County, including costs for mileage reimbursement and/or operating and maintenance costs of agency owned or hired vehicles use to provide transportation to staff or clients within Bernalillo County.

Out-of-Town Travel: Enter the amount budgeted for the costs of project-related travel outside of Bernalillo County, including costs for transportation, lodging, subsistence, and related expenses incurred by employees, board members, or clients who are in travel status on official business related to the project.

Conferences, Meetings, etc.: Enter the amount budgeted for the costs of registration and materials for staff, board, or clients attendance at meetings and conferences related to the funded project or for the costs of meetings conducted by the agency in connection with that contract.

Direct Assistance to Beneficiaries: Enter the costs budgeted for the payment of participant wages and benefits, stipends, food, clothing, and other goods and services purchased directly on behalf of clients.

Membership Dues: Enter the amount budgeted to pay the costs of dues paid by the agency on behalf of staff, board members, or the agency itself to professional organization related to the purposes of the project.

Equipment, Land, Buildings: Enter the amount budgeted for the purchase of equipment, land, and for the acquisition or construction of buildings, the cost of which exceeds \$5,000. Costs charged to Equipment, Land, Buildings, or renovation capital costs must conform to Administrative Requirements 5.4.1, 5.4.2, and 5.5.

Insurance: Enter the amount budgeted to pay the costs of insurance, including bonding. *Total Operating Costs:* Enter the sum of all line items under operating costs. *Total Direct Costs:* Enter the sum of Total Personnel Costs and Total Operating Costs.

Indirect Costs: Enter the amounts budgeted to pay indirect costs charged to the project. The agency must have an indirect rate approved by its federal cognizant agency.

Total Project Expenses: Enter the sum of Total Direct Costs and Indirect Costs.

City of Albuquerque
Department of Family and Community Services
APP #2: Expense Summary Form

Agency Name:	Proiect Title:
rigency rume.	rreject rate:

Expenditure Category	Project Total	City Funding Requested	Percent Request
Personnel Costs	·		•
Salaries & Wages			
Payroll Taxes and Employee Benefits			
Total Personnel Costs			
Operating Costs			
Contractual Services			
Audit Costs			
Consumable Supplies			
Telephone			
Postage and Shipping			
Occupancy			
a. Rent			
b. Utilities			
c. Other			
Equipment Lease			
Equipment Maintenance			
Printing & Publications			
Travel			
a. Local Travel			
b. Out of Town Travel			
Conferences, Meetings, Etc.			
Direct Assistance to Beneficiaries			
Membership Dues			
Equipment, Land, Buildings			
Insurance			
Total Operating			
Total Direct Costs			
Indirect Costs			
Total Project Expenses			

City of Albuquerque Department of Family and Community Services APP #3: Revenue Summary Form-Instructions

Instructions for Completing Revenue Summary Form

For government revenues received by the agency, list each agency of the federal or state government providing funding in the column "Revenue Source."

Enter the anticipated revenues for the total agency budget from each of the listed funding sources in the column headed "Agency Total," and show the percentage of all agency funding from that source.

DEFINITIONS:

Contributions, Etc.

Contributions means funds donated to the agency by the general public, excluding United Way administered donor options.

Government Revenues

Fees from Government Agencies means funds paid to the agency by a unit of Federal, State or local government on a fixed price basis for services rendered.

Grants from Governmental Agencies means funds paid to the agency by a unit of Federal, State or local government on a fixed price basis for services rendered.

Other Revenues

Other Revenue means income to the agency from sources not falling into another category.

United Way Revenue

United Way Allocation means all funding provided by the United Way of Central New Mexico.

City of Albuquerque Department of Family and Community Services APP #3: Revenue Summary Form

Agency Name:	Project Name:

Revenue Sources	Agency Total	% of Agency
		Budget
1. Government Revenues		
Revenues from Federal Government other than Medicaid Reimbursement.		
(List each Agency of the Federal Government)		
Medicaid Reimbursements		
Subtotal Federal Agencies		
Revenues from State Government (List each Agency of the State Government providing funding and the amount of funding)		
Government providing junding and the amount of junding)		
	+	
Subtotal State Agencies		
Total Revenues from County Government		
Total Revenues from the City of Albuquerque		
Total Other Municipal Government Revenue		
TOTAL GOVERNMENT REVENUES FROM ALL SOURCES		
2. Other Revenue:		
Contributions		
United Way Revenue		
Other Revenue		
TOTAL OTHER REVENUES		
3. Total Revenues:		
5. Tom Revenues.		

City of Albuquerque Department of Family and Community Services APP #4: Project Budget Detail Form – Personnel - *Instructions*

Instructions for Completing Project Budget Detail Form – Personnel

- *Line 1.* Enter the name of the agency submitting the proposal.
- Line 2. Enter the project title as shown on the Proposal Summary and Certification form.
- Line 3. For the column labeled "Number FTE on Project", show the number of full time equivalent staff for each position working on this project, regardless of funding source. For the column labeled "Position Title," give the title of each position working on this project. For the column labeled "Annual Salary," enter the annual salary for the positions multiplied by the number of FTE for that position. For the column labeled "Amount Requested," enter the amount of funding for the position requested from the City. For the column "Percent Requested," enter the percent of the annual salaries for the position to be charged to the City.
- Line 4. Enter the sums of the column "Annual Salary," and "Amount Requested." Enter the "Percent Requested" for total salary and wages.
- Line 5. Enter the total amount of payroll taxes and employee benefits for project salaries in the column labeled "Annual Salary," the "Amount Requested" from the City, and the percent of the total to the charged to the City.
- *Line 6.* Enter the sum of the lines 4 and 5 in the column's labeled "Annual Salary," and "Amount Requested." Enter the percentage of the total amount to be charged to the City.
- *Line 7*. Enter the percentage of salaries and wages charged to FICA, Unemployment Compensation, health insurance, retirement, and other employee benefits.

City of Albuquerque Department of Family and Community Services APP #4: Project Budget Detail Form – Personnel Page 1 of _____

1. Agency Name:				
2. Project	t Title:			
	osts: Use this form to justify all salaries, wages, pay. Add additional rows as necessary.	roll taxes and fringe benef	fits shown on the Expens	e Summary
		T		
Number FTE on Project	Position Title	Annual Salary	Amount Requested	Percent Requested
	s & Wages			
5. Payroll Taxes & Employee Benefits*				
6. Total Personnel Costs				
7. *Payroll Taxes: FICA@ %: Unemployment Insurance @ % Employee Benefits: Health Insurance @% Retirement@ % Other @ %				

City of Albuquerque Department of Family and Community Services APP #5: Project Budget Detail Form – Operating - Instructions

Instructions for Completing Project Budget Detail Form -- Operating

- 1. Enter the name of the agency.
- 2. Enter the project title.
- 3. For each line item on the Expense Summary Form, the applicant should describe all elements included in the line item costs and indicate the basis used for determining the costs.

In the column headed "Project Total," enter the total costs of the line item; in the column headed "Amount Requested," enter the amount requested from the City, in the column headed "Amount Other," enter the amount to be paid from other sources, and in the column headed "Percent Requested," enter the percent of the total amount requested from the City.

City of Albuquerque Department of Family and Community Services APP #5: Project Budget Detail Form – Operating Page 1 of _____

1. Agency Name:				
2. Project Title:				
2. Project Title.				
3. Operating Costs: For each line item included of	on the Expense S	ummary Form de	escribe the item a	nd indicate
the basis for determining the cost (e.g., travel ca				
travel). Use additional sheets as necessary.	iodiacod as of i	mes, monen ii e, p		.5 0000110001
,	Project	Amount	Amount	Percent
Line Item (Non-Personnel)	Total	Requested	Other	Requested
		1		

City of Albuquerque Department of Family and Community Services APP #6: Budget Detail Form: Projected Drawdown Schedule - *Instructions*

Instructions for Completing Budget Detail Form: Projected Drawdown Schedule

The applicant must estimate the amount and percent of City funding it anticipates expending funds it anticipates expending during each quarter of the fiscal year.

For each of the quarterly periods indicated, enter the amount of funding it projects expending in the column headed "Amount to be Requested." In the column headed "Percent of Total" enter the percentage of all City funds which will be expended during the quarter. If the applicant anticipates expending more than 25% of the total requested from the City in any one quarter, provide a brief explanation of these expenditures in the space provided.

City of Albuquerque Department of Family and Community Services APP #6: Budget Detail Form: Projected Drawdown Schedule

Indicate the amount and percent of total requested funds which you anticipate expending on a quarterly basis, providing a written explanation of any projected drawdowns which exceed 25% of the total requested funds in any one quarter.

Quarter Ending	Amount to be Requested	Percent of Total
P. I. d		
Explanation:		

City of Albuquerque Department of Family and Community Services APP #7: Applicant Work Program Summary - Instructions

Instructions for Completing Form

- 1. Enter the name of the agency.
- 2. Enter the project title, from the Proposal Summary and Certification form.
- 3. If the work summary is submitted as part of an initial application, check the box marked "new"; if it is submitted as a renewal, check the box "renewal"; if it is submitted as part of a request for work program revision, check the box marked "revision."
- 4. Measurable Results

Under the column headed "Major Project Activities," enter the major tasks or activities to be undertaken through the project. For each task listed, enter the measurable objectives of the task in the column headed "Measurable Objectives" and the date those objectives will be completed in the column headed "Date to be Completed."

Applicants should not try to include every project activity, but should restrict their entries to major activities for which measurable objectives can be provided and for which they will be accountable if a contract is awarded.

City of Albuquerque Department of Family and Community Services APP #7: Applicant Work Program Summary

1. Agency Name:			
2. Project Title		3. Application Ty ☐ New ☐	rpe Renewal Revised
		_ Itew _	Reflewar
4. Measurable Results: List the major will be completed.	project tasks/activit	ies, the objectives f	or each, and the anticipated date they
Major Project Activities	Measurable Objectives		Date to be Completed

(Use additional sheets if necessary)

City of Albuquerque Department of Family and Community Services APP #8: Representations and Certifications

The undersigned HEREBY GIVE ASSURANCE THAT:

The applicant agency named below will comply and act in accordance with all Federal laws and Executive Orders relating to the enforcement of civil rights, including but not limited to, Federal Code, Title 5, USCA 7142, Sub-Chapter 11, Anti-discrimination in Employment, and Executive Order number 11246, Equal Opportunity in Employment; and

That the applicant agency named below will comply with all New Mexico State Statutes and City Ordinances regarding enforcement of civil rights; and

That no funds awarded as a result of this request will be used for sectarian religious purposes, specifically that (a) there shall be no religious test for admission for services; (b) there shall be no requirement for attendance of religious services; (c) there shall be no inquiry as to a client's religious preference or affiliations; (d) there shall be no proselytizing; and (e) services provided shall be essentially secular, however, eligible activities, as determined by the fund source, and inherently religious activities may occur in the same structure so long as the religious activity is voluntarily and separated in time and/or location.

Agency Name	
Typed Name of Authorized Board Official:	
Title:	
Signature:	Date:

City of Albuquerque Department of Family and Community Services

APP #9: Attachment on File

Instructions: If an applicant has received a human services contract from the Department of Family and Community Services within the past 12 months and submitted the required attachments, it is not necessary to resubmit the attachments if there has been no change in the information requested. If the documents currently on file with the City remain current, check the box marked current. If there has been any change in status of documents currently on file (e.g. changes in board members, organizational structure, etc.) check the box marked "Revised Attached" and submit the revised document with the project proposal.

Document	Current	Revised Attached
Certificate of Non-Profit Incorporation		
Articles of Incorporation		
Current Bylaws		
Applicable Licenses		
Listing of Current Board Members		
Organization Chart		
Travel Reimbursement Policies		
Accounting Policies and Procedures		
Personnel Policies and Procedures		
Conflict of Interest Statement		
Connict of Interest Statement		
Certificate of Good Standing and Comparison		
Octimodic of Good Startaing and Companson		
Resumes of Key Personnel/Job Descriptions of Open Positions		
Agency's Most Recent Audit		

City of Albuquerque - Department of Family and Community Services APP #10: Drug Free Workplace Requirement Certification Form

The agency certifies that it will provide a drug-free workplace by:

- 1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the agency's workplace, and specifying the actions that will be taken against employees for violation of such prohibition;
- 2. Establishing a drug-free awareness program to inform employees of:
 - a. The dangers of drug abuse in the workplace;
 - b. The agency's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- 3. Making it a requirement that each employee to be engaged in the performance of an agreement with the City be given a copy of the agency's drug-free workplace statement.
- 4. Notifying each employer that as a condition of employment under the City's agreement, that employee will:
 - a. Abide by the terms of the agency's drug-free workplace statement, and
 - b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace, no later than five (5) days after such conviction.
- 5. Notifying the City of Albuquerque, Department of Family and Community Services within ten (10) days after receiving an employee notice or otherwise receiving actual notice of an employee drug statute conviction for a violation occurring in the workplace.
- 6. Taking one of the following actions within thirty (30) days of receiving notice of an employee's drug statute conviction for a violation occurring in the workplace:
 - a. Taking appropriate personnel action against such an employee, up to and including termination:
 - b. or requiring such employee to participate satisfactorily at a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency; and
- 7. Making a good faith effort to continue to maintain a drug-free workplace through the implementation of the above requirements.
- 8. The agency also certifies that the agency's drug-free workplace requirements will apply to all locations where services are offered under the agreement with the City of Albuquerque.

 Such locations are identified as follows:

Street Address:	City:
State: Zip:	E-mail:
Typed Name of Authorized board Official:	Title:
Signature of Authorized Board Official	Date Signed

City of Albuquerque Department of Family and Community Services APP #11: Debarment, Suspension, Ineligibility and Exclusion Certification

I certify that the agency has not been debarred, suspended or otherwise found ineligible to receive funds by any agency of the executive branch of the federal government.

I further certify that should any notice of debarment, suspension, ineligibility or exclusion be received by the agency, the City of Albuquerque, Department of Family and Community Services will be notified immediately.

Agency:

Typed Name of Authorized Board Official

Title:

Signature of Authorized Board Official

Date Signed:

City of Albuquerque Department of Family and Community Services APP #12: Certification of Receipt of Administrative Requirements

The undersigned HEREBY CERTIFY THAT:

- 1. The agency/organization has received a copy of the Administrative Requirements for Contracts Awarded Under the City of Albuquerque, Department of Family and Community Services, revised September 2010; and
- 2. The agency/organization named below will adhere to the *Administrative Requirements* in its operation of City-funded programs.

Agency/Organization Name:		
Typed Name of Authorized Board Official	Typed Name of Executive Director	
Signature	Signature	
Date:	Date:	

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

1. Type of Federal Action: 2. St	atus of Federal Action:	3. Report Type:		
a. contract	a. bid/offer/applica	tion a. initial fil	a. initial filing	
^l b. grant	^l b. initial award	l b. materia		
c. cooperative agreement	c. post-award	For Material	Change Only:	
d. loan		year	quarter	
e. loan guarantee		date of las	st report	
f. loan insurance				
4. Name and Address of Reporting En	tity: 5. If Repo	rting Entity in No. 4 is a S	ubawardee, Enter Name	
Prime Subawardee		dress of Prime:		
Tier, if k	nown:			
Congressional District, <i>if known</i> : ^{4c}	Congre	ssional District, <i>if known</i> :		
6. Federal Department/Agency:	7. Federa	l Program Name/Descripti	on:	
	CFDA N	lumber, <i>if applicable</i> :		
8. Federal Action Number, if known:	9. Award	Amount, if known:		
	\$			
10. a. Name and Address of Lobbying	Registrant b. Individ	uals Performing Services	(including address if	
(if individual, last name, first name		nt from No. 10a)	(
(, ,	ame, first name, MI):		
	,	, ,		
11. Information requested through this form is authorized by tit	le 31 U.S.C. section Signature			
1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and				
		e:		
not more than \$100,000 for each such failure.	Telephon	e No.:	Date:	
Federal Use Only:		Authorized for Local Reproduction		
			Standard Form LLL (Rev. 7-97)	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
- Enter the name of the Federal agency making the award or loan commitment. Include at least one organizationallevel below agency name, if known. For example. Department of Transportation. United States Coast Guard.
- 7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- 9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
- 11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Department of Family and Community Services FIN #1: Signature Certification Form

1. Agency Name	2. Telephone Number	
3. Mailing Address	4. Contract Number	
5. Checks to be made payable to (if different from name and address above):		
6. Authorized Signature(s) (One signature only is required for Financial Status Report and Request for Reimbursement)		
Signature of Authorized Official		
Signature of Authorized Official		
Signature of Aut	horized Official	
7. Certification: This to certify that the above is (are) the signatures(s) of:		
Typed Name	Title	
Typed Name	Title	
Typed Name Title Of the above named agency and that they are authorized to sign the Financial Status Report and Request for Reimbursement.		
a. Typed Name of Authorized Official	. Title	
c. Signature of Authorized Official	d. Date Signed	